

Environmental health in urban areas has long been a major field of concern, but relatively few environmental programs engage with the multiplicity of causes of deterioration. These include rapid urbanisation and poverty, inadequate housing, water and sanitation, non-sustainable economic development, lack of resources, inadequate environmental urban environmental management and a lack of cross-sectoral co-ordination and community networking. More recently the need to health, environment and development in an integrated way to make progress towards sustainable development has been clearly recognised. Previously provision of 'health care' has often been given greater priority than dealing with the underlying causes of ill-health. However, from the cities of the industrialised world to the poorest quarters of the cities of Africa and Asia it is now recognised that deprivation, poor living conditions and poor health are inextricably linked.

Some biophysical environmental parameters such as specific air pollutants (e.g. PM₁₀) may be directly related to causation or aggravation of specific conditions, such as asthma. However, many respiratory conditions are a product of external air quality, indoor air quality, living conditions, diet and lifestyle. Only by analysis of the circumstances affecting particular communities and groups of individuals can the affects of poor environmental conditions be established.

The emergence of the concept of sustainable development as a guiding principle for policy formulation, and the adoption at the United Nations Conference on Environment and Development in 1992 of the global action plan known as Agenda 21, have been important worldwide stimuli, at the international, national and local levels, for innovative action programmes addressing current environment, health and development problems. The Rio Declaration statement that "Human beings are at the centre of concerns for sustainable development and are entitled to a healthy and productive life in harmony with nature" stresses the fundamental links between environmental, health and developmental conditions. Chapter 6 of Agenda 21 also emphasises the fundamental commitment within sustainable development to "protecting and promoting human health". Agenda 21 also places much emphasis on the need to address problems at the local level, and for local authorities to develop local Agenda 21 plans of action in partnership with relevant stakeholders.

In Russia the physical condition of over half the nation's schools presents an environmental health threat to students and staff. The physical decay jeopardises not only the physical health of the students, but also permeates attitudes and ambitions within the school: -the expectations that the community places on the school, the self-esteem of the students, and the overall academic achievement of the student body. A healthy school environment encompasses both the *physical* and *psychosocial* surroundings in which students and school personnel are expected to work. It links everything that is and everything that happens in, on, and around school grounds. Its importance, then, is integral and pervasive.

The physical school facility represents the external, tangible environment. Physical conditions can include adequate water and food supplies for the school, the physical security of the building, as well as acoustics, ventilation, heating conditioning, lighting and adequate sanitation. On the other hand, psychosocial conditions encompass the attitudes, feelings, behaviour and values of the students and staff. Such conditions may require extensive improvement and modification. The presence of gang violence as well as weapons, drugs, alcohol and tobacco within school grounds contribute to this aspect of a school's environment. Class size and the availability of community-based extra-curricular activities also influence the psychosocial environment of a school.

To ensure individual and group well-being, a number of model health practices can be integrated into core curriculums. For instance, schools could promote participation in

active lifestyles, eating well-balanced meals, abstaining from alcohol, tobacco and other active drug use, and minimising risk-taking behaviour, including sexual activity.

Equally important are student and staff perceptions of the interactions that take place within the school environment. This less tangible component of environmental health is frequently referred to as school social climate. Social climate encompasses both social and physical elements, and creates an infrastructure that makes physical, social and emotional health, as well as achievement, possible.

When working to improve a school's environment, a one-size-fits-all approach is not sufficient. It is important that state policymakers and school officials work together to assess the individual social climate and develop an action plan with the school and community stakeholders. Families, schools, and communities that work together in a multifaceted approach show the most promise in moulding healthy students with high levels of academic achievement

The action plan programme stresses the need to tackle local problems in partnership with key stakeholders. It also stresses the need to develop coherent planning processes to address problems in a systematic way. Fundamentally this involves the need to base decisions on available information regarding the state of the environment and human health at the local level, on an understanding of the way in which various development sectors affect the environment and health, on what different groups and stakeholders perceive as being priority problems to address, and on an evaluation of the effectiveness or otherwise of programmes and policies which have been implemented. At each step of the way, there is a need for information to guide decision-making.